TX-80

STATE OF RHODE ISLAND
DIVISION OF TAXATION EMPLOYER TAX SECTION
ONE CAPITOL HILL STE 36, PROVIDENCE, RI 02908 - 5829
Telephone (401) 222 - 3696
Hearing Impaired (401) 222 - 6287

NOTICE FROM WORKER
REQUESTING RECIPROCAL COVERAGE APPROVAL

Employee's Name_____ S.S.No._____
Residence Address_____

I customarily perform services in more than one state for

_____
NAME OF EMPLOYER

_____
EMPLOYER'S ADDRESS

I concur in my employer's request for coverage in

_____ effective as of _____
NAME OF STATE DATE OF BEGINNING QUARTER

I understand that if I am covered by the Rhode Island Employment Security Act, that for benefits accruing under the Temporary Disability Insurance Program in Rhode Island I will be contributing 1.3% of my wages up to $38,600 during the period January 1, 1999 through December 31, 1999.

I understand that if Rhode Island approves coverage of my Employment Security Benefits by another state, I will not be entitled to the benefit provisions of the Temporary Disability Insurance Program in Rhode Island.

Date_____ Signature_____

This agreement is to remain in effect until otherwise voided.

THIS SECTION TO BE COMPLETED BY THE EMPLOYMENT TAX SECTION
NOTICE TO WORKER

Effective as of _____ all services performed by you for the above-named employer in any or all of the following jurisdictions will be governed by the Rhode Island Employment Security Act. This will be so until further notice.

_____ _____ _____
_____ _____ _____

SAVE THIS NOTICE. Present it to the Unemployment Insurance Office when you file a claim for Unemployment Benefits

Employer Account No._____ Date this form forwarded to employee_____